

Case Number:	CM15-0050669		
Date Assigned:	03/24/2015	Date of Injury:	09/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year old male sustained an industrial injury on 9/12/14. He subsequently reported neck and low back pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include lumbar sprain, acquired deformity of neck, acquired deformity of back or spine and degeneration of lumbar or lumbosacral intervertebral disc. Treatments to date have included chiropractic care, modified work duty and prescription pain medications. The injured worker continues to experience neck, upper back and left shoulder pain. A request for an MRI of the lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's progress report dated 2/23/15 documented subjective complaints of on and off moderate low back pain. Objective findings included negative straight leg raise test bilaterally. The patient was able to perform heel and toe walk without difficulty. Flexion was 40 degrees. Extension was 13 degrees. ACOEM guidelines recommend MRI when cauda equina, tumor, infection, or fracture are strongly suspected. No evidence of cauda equina, tumor, infection, or fracture was documented in the 2/23/15 progress report. No neurological deficits were documented. The request for MRI of the lumbar spine is not supported by ACOEM guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.